

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

20250

APR 26 1935

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

9122

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 204 Garfield) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1087

2. FULL NAME Oscar Louis Chapman

(a) Residence, No. 3023 N. 11th KCK St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>divorced</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Addie</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>10/8/1862</b>				
7. AGE YEARS <b>72</b>	MONTHS <b>5</b>	DAYS <b>0</b>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>blacksmith</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>shop</b>			
	10. Date deceased last worked at this occupation (month and year) <b>1927</b>			
				11. Total time (years) spent in this occupation <b>50</b>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mich.**

FATHER 13. NAME **unknown**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

MOTHER 15. MAIDEN NAME **unknown**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT Elmer Chapman  
(ADDRESS) 3023 N. 11 KCK

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial Park DATE 3/11, 1935

19. UNDERTAKER Geo. H. Long Mortuary  
(ADDRESS) KCK

20. FILED 3-11 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/7, 1935, to 3/8, 1935.  
I last saw him alive on 3/8, 1935. Death is said to have occurred on the date stated above, at 9:30 p.

The principal cause of death and related causes of importance were as follows:

*Acute intestinal obstruction*

Other contributory causes of importance: fb

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) H. W. Miller, M. D.  
(Address) 700 Third Bldg KCK.

Date of onset \_\_\_\_\_  
*How this case was handled before the death of the patient. I had thought the patient had been in the hospital for some time.*

AUG 1 1948

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**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City..... No. 204 Barfield St. .... Ward)

File No.....  
Registered No. 1067  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from ....., to ....., 19....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h..... alive on ....., 19.... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

to have occurred on the date stated above, at.....m.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

The principal cause of death and related causes of importance were as follows;

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Acute Atelectasis Obstruction Date of onset

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Carcinoma (sigmoid)

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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13. NAME

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Accident, suicide, or homicide?..... Date of injury....., 19....

17. INFORMANT (ADDRESS)

Where did injury occur?..... (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE..... DATE....., 19....

Manner of injury.....

Nature of injury.....

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)....., M. D.

20. FILED 3/11, 1935 M. M. Cerow Registrar.

(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW  
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-9122